

INTERNET PROFESSIONAL CLAIM SUBMISSION (IPCS) USER GUIDE

SUBMITTING PROFESSIONAL MEDICAL CLAIMS ON THE MEDI-CAL WEB SITE

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About This Guide

The *Internet Professional Claim Submission (IPCS) User Guide* is designed to help Medi-Cal providers submit professional medical claims using the IPCS system. The document discusses the minimum system requirements necessary and provides instructions for the following:

- Connecting to the Medi-Cal Web site
- Installing Macromedia Flash (a prerequisite for using the IPCS system)
- Logging onto the IPCS system
- Submitting and printing professional medical claims
- Troubleshooting and resolving issues that may arise when using IPCS

About IPCS

The IPCS system allows you to submit single professional medical claims using your computer and the Internet. IPCS does not perform online adjudication. Claims submitted successfully will receive a Claim Control Number (CCN) on the host response screen. If IPCS detects errors in your claim, you will receive a "CLAIM REJECTED" message on the host response screen. You can edit the claim to correct these errors before resubmitting the claim for processing. Your submitted claim enters the Medi-Cal claims processing system for processing in the daily batch cycle.

The IPCS system integrates cutting-edge technology with an intuitive user interface that facilitates entering medical claims. The IPCS system may be used by those who previously submitted professional claims using the Claims and Eligibility Real-Time System (CERTS) software. IPCS allows a faster, more efficient data exchange between providers and the Department of Health Services (DHS).

Note: You can only submit professional medical claims using IPCS. You are not able to submit institutional or vision claims through IPCS at this time.

Questions

Call one of these numbers with questions about IPCS:

- 1-800-427-1295
Medi-Cal POS/Internet Help Desk
(For in-state calls)
- (916) 636-1990
(Out-of-state, border and local calls)

Call the following number with questions about Medi-Cal policy or claims adjudication:

- 1-800-541-5555
EDS Provider Support Center (PSC)

Minimum System Requirements

To process claims using the IPCS system, your system must meet the following minimum requirements:

- Microprocessor - 300 MHz Intel Pentium processor or higher
- Random Access Memory - 64 MB of free, available system RAM (128 MB recommended)
- Monitor Resolution - 1024 x 768, 16-bit (thousands of colors) color display or better
- Macromedia Plug-in - Flash Player 6.0, revision 47 or later
- Web Browser - Internet Explorer 5.0 or greater or Netscape 6.2 or greater

Before You Start - IPCS Access Requirements

To submit claims using the IPCS system, you must have the following:

1. A [Medi-Cal Point of Service \(POS\) Network/Internet Agreement](#) form on file with the Department of Health Services (DHS) for each provider number that is used to bill. If you currently have valid forms on file, no additional updates are needed. Mail completed agreement forms to:

EDS
Attn: POS/Internet Help Desk
3215 Prospect Park Drive
Rancho Cordova, CA 95670-6017

2. A valid Computer Media Claims (CMC) submitter ID and password. To obtain or update your ID and password, complete the [Medi-Cal Telecommunications Provider and Biller Application/Agreement](#). Check the Internet box in the Real Time Submission Type section, check Medical/Allied Health (05) and enter 4010X098, where indicated, in the ANSI X-12 837 Version section.

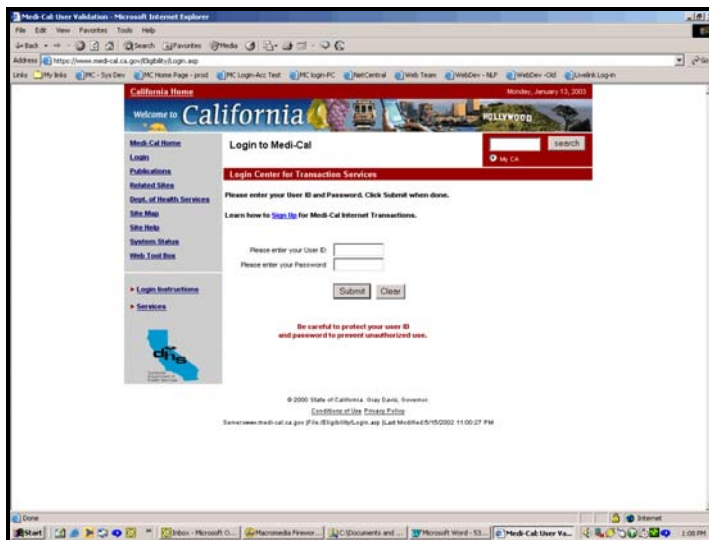
Note: Submitters with a current, valid CMC submitter ID must still submit the *Medi-Cal Telecommunications Provider and Biller Application/Agreement* to add the IPCS application to their list of available Internet options.

Connecting to the Medi-Cal Web Site

Follow the instructions below to connect to the Medi-Cal Web site, or refer to the [Medi-Cal Quick Start Guide](#).



1. Connect to the Internet.
2. Direct your browser to www.medi-cal.ca.gov.
3. Click Transaction Services or Login to access the Medi-Cal Login page.



4. Enter your Submitter Number (User ID) and Password.
5. Click <Submit> to open the Transaction Services Menu page.

Installing Macromedia Flash

Follow the instructions below to install the Macromedia Flash player, or refer to the [Medi-Cal Quick Start Guide](#). You must install the Flash player before you can access the IPCS system. If you try to access the IPCS system without the Flash player, you will be prompted to install it.

Note: If you do not have the security rights to install software on your computer, contact your system administrator for installation assistance.



1. Click [Web Tool Box](#) on the Transaction Services page.



2. Click [Flash Macromedia](#) to access the Macromedia Flash Player Download Center.

Remember: You must have administrator rights to download the Flash player. If you are unsure or need installation assistance, contact your system administrator.

Logging onto the IPCS System

Follow the instructions below to access the Medi-Cal Login page.

The screenshot shows the California Home page with a red header bar containing "California Home" and the date "Monday, January 13, 2003". Below the header is a banner with "Welcome to California" and a scenic image. A left sidebar contains links: "Medi-Cal Home", "Login", "Publications", "Related Sites", "Dept. of Health Services", "Site Map", "Site Help", "System Status", and "Web Tool Box". The main content area is titled "Login to Medi-Cal" and includes a search bar with "My CA" and a "search" button. Below this is a red bar with "Login Center for Transaction Services". The text "Please enter your User ID and Password. Click Submit when done." is followed by "Learn how to [Sign Up](#) for Medi-Cal Internet Transactions." There are two input fields: "Please enter your User ID:" and "Please enter your Password:". Below these are "Submit" and "Clear" buttons. A red warning message states: "Be careful to protect your user ID and password to prevent unauthorized use." At the bottom, it says "© 2000 State of California, Gray Davis, Governor." and provides links for "Conditions of Use" and "Privacy Policy". The server information at the bottom is "Server: sydev.medi-cal.ca.gov [File: /Eligibility/Login.asp] [Last Modified: 10/1/2002 12:01:10 PM]".

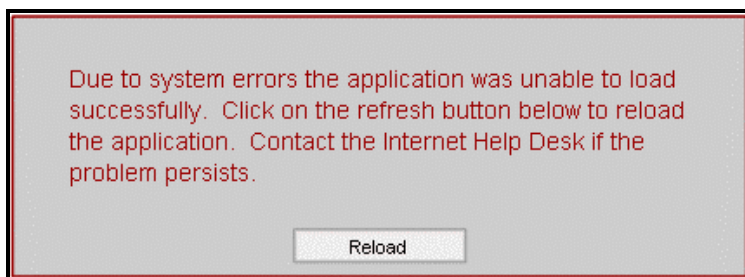
1. Enter your Submitter ID Number (User ID) and Password.
2. Click <Submit> to open the Transaction Services Menu page.

The screenshot shows the California Home page with the same header and banner as the previous image. The left sidebar is identical. The main content area is titled "Transaction Services" and includes a search bar with "My CA" and a "search" button. Below this is a red bar with "You are logged in as: CMCSUB001". A large gray box contains several links: "Perform Inquiry on CMC", "Perform Computer Media Claims Data Uploads", "NCPDP Response Files", "Internet Professional Claim Submission (IPCS)", and "Use of this section requires the latest Macromedia Flash Player. Click [HERE](#) to download now. For System Requirements, Click [HERE](#)." Below the gray box, there are links for "Inquiry on CMC", "NCPDP Response Files", "Professional Claims", "CMC Uploads", "Login", and "Exit". At the bottom left of the main content area is a small map of California with "dhs" and "California Department of Health Services" text.

3. Click Internet Professional Claim Submission (IPCS) to access the Professional Claims submission system.

Note: If you have not yet downloaded the Macromedia Flash Player, use the link provided to do so. For download instructions, refer to "Installing Macromedia Flash" on a previous page of this guide.

Logging onto IPCS (*continued*)



4. If the IPCS system encounters problems while loading, an error message displays. Click <Reload> to try again. If the problem persists, contact the POS/Internet help desk.



5. If there are no loading errors, the application will proceed to the next screen.
6. On the Internet Professional Claim Submission (IPCS) screen, select <View Claims Submitted Today> or <Enter New Claim>.

The Internet Professional Medical Claim Form

Individual professional medical claims that do not require attachments can be submitted using IPCS. (Refer to your provider manual for assistance with Medi-Cal billing policies.)

The Internet professional medical claim form contains the following four tab pages that may be completed in any order:

1. Provider Info
2. Recipient Info
3. Claim Info
4. Service Details

A fifth tab page, Other Health Cov., must be completed if another health insurance plan has paid on the claim. To open the Other Health Cov. tab, click the Claim Info tab then <Other Health Cov.>.

Navigating the Professional Medical Claim Form

Keep the following tips in mind when completing the Internet professional medical claim form:

- Do not use your browser's Back or Refresh buttons. If you click either button, you lose all data entered to that point.
- If you leave your IPCS session inactive for 20 minutes, the session times-out, IPCS closes and you are returned to the Login page. This feature protects your submitted data and guards against unauthorized use of the system.
- If you leave IPCS before submitting your claim, you lose any data entered.
- You may not save a partially completed claim. You must complete the claim or you lose the data you have entered. Once you submit a completed claim, you can recall that claim's data to complete other claims with similar data.

Required Fields

Each tab of the Internet professional medical claim form has required fields that must be completed for each claim submitted. Required fields are marked with a red asterisk (*).

Billing Provider Section	
* Medi-Cal ID	Taxonomy Code
<input type="text"/>	<input type="text"/>
*Accept Medicare Assignment	
Select One <input type="button" value="v"/>	

In this example, the red asterisks indicate that the *Medi-Cal ID* and *Accept Medicare Assignment* fields are required and must be completed for every claim.

Service Facility Section	
Medi-Cal ID	Entity Identifier
<input type="text"/>	Select One <input type="button" value="v"/>

For example, if health care services are provided at a location other than the billing provider's address, the *Medi-Cal ID* and *Entity Identifier* fields in the Service Facility Section must be completed.

The IPCS system displays a prompt if a situational required field is not completed.

Note: Other fields may be situational required, depending on the billing scenario. Refer to your Medi-Cal provider manual, or to the pop-up help that is built into each field, by clicking on the field name.

Recalling Data from a Previous Claim

Follow the instructions below to recall the data used to complete a previous claim.

The screenshot shows the 'Provider Info' tab in the IPCS system. At the top, there are four tabs: 'Provider Info' (selected), 'Recipient Info', 'Claim Info', and 'Service Details'. Below the tabs, there is a 'Clear Tab Fields' button and a note: '* Indicates Required Fields' and '? Click any field name in red for help info.' The form is divided into four sections:

- Billing Provider Section:** Contains fields for '* Medi-Cal ID', 'Taxonomy Code', and '*Accept Medicare Assignment' (a dropdown menu with 'Select One' selected).
- Service Facility Section:** Contains fields for 'Medi-Cal ID' and 'Entity Identifier' (a dropdown menu with 'Select One' selected).
- Rendering Provider Section:** Contains fields for 'Medi-Cal ID' and 'Taxonomy Code'.
- Referring Provider Section:** Contains fields for 'Medi-Cal ID/License #', 'Taxonomy Code', and 'Provider Name'.

At the bottom of the form, there are two buttons: 'Back to Main Menu' and 'Recall Data From Last Claim'.

1. Click <Recall Data From Last Claim> on the Provider Info tab to automatically fill the Provider Info, Recipient Info, Claim Info and Other Health Cov. tabs with information from the last claim submitted.
2. If you wish to start over, click <Clear Tab Fields> to clear all data from the tab you are on.

Removing Data from a Tab Page

Follow the instructions below to clear all data from a tab field.

This screenshot is identical to the one above, showing the 'Provider Info' tab in the IPCS system. It displays the same tabs, buttons, and form sections (Billing Provider, Service Facility, Rendering Provider, and Referring Provider) with their respective fields and the 'Clear Tab Fields' button at the top.

1. If you wish to start over, click <Clear Tab Fields> to clear all data from the tab you are on.

Note: As you complete each field, the system checks your entry and prompts you to make corrections if basic errors are detected.

Entering Claim Data on the Tab Pages

The following tab pages can be completed in any order.

The Provider Info Tab

The Provider Info tab contains information that identifies the billing, rendering, and referring providers and the service facility for the claim.

The screenshot shows the 'Provider Info' tab selected. At the top, there are four tabs: 'Provider Info', 'Recipient Info', 'Claim Info', and 'Service Details'. Below the tabs, there is a 'Clear Tab Fields' button and a note: '* Indicates Required Fields' and '? Click any field name in red for help info.' The main form is divided into four sections:

- Billing Provider Section:** Contains fields for '* Medi-Cal ID', 'Taxonomy Code', and '*Accept Medicare Assignment' (a dropdown menu).
- Service Facility Section:** Contains fields for 'Medi-Cal ID' and 'Entity Identifier' (a dropdown menu).
- Rendering Provider Section:** Contains fields for 'Medi-Cal ID' and 'Taxonomy Code'.
- Referring Provider Section:** Contains fields for 'Medi-Cal ID/License #', 'Taxonomy Code', and 'Provider Name'.

At the bottom of the form, there are two buttons: 'Back to Main Menu' and 'Recall Data From Last Claim'.

To read a detailed description of each field, click the field name.

The Recipient Info Tab

The Recipient Info tab contains information about the Medi-Cal recipient, including any Share of Cost the recipient may have paid.

The screenshot shows the 'Recipient Info' tab selected. At the top, there are four tabs: 'Provider Info', 'Recipient Info', 'Claim Info', and 'Service Details'. Below the tabs, there is a 'Clear Tab Fields' button and a note: '* Indicates Required Fields' and '? Click any field name in red for help info.' The main form is titled 'Subscriber/Recipient Information' and contains the following fields:

- * Medi-Cal Subscriber's Name: Last Name, First Name, MI.
- * Medi-Cal Subscriber's ID #
- * Date of Birth: mm/dd/yyyy
- * Gender: Select One (dropdown menu)
- * Patient's Account Number
- Pregnancy Indicator: No (dropdown menu)
- Patient Amount Paid: \$ (text field)
- * Release of Information: Select One (dropdown menu)

To read a detailed description of each field, click the field name.

The Claim Info Tab

The Claim Info tab contains general information regarding the claim. Any information entered here will be applied to all the Service Detail lines for the entire claim, unless overridden on the Service Details tab.

The screenshot shows the 'Claim Info' tab selected. The 'Overall Claim Information Section' contains the following fields:

- Hospital Admit Date (mm/dd/yyyy)
- Hospital Discharge Date (mm/dd/yyyy)
- Prior Authorization #
- Diagnosis Codes (Primary and Secondary)
- Place of Service (dropdown menu)
- Special Program Indicator (dropdown menu)
- Delay Reason Code (dropdown menu)
- Related Causes (dropdown menu)
- Onset of Current Illness/Accident Date (mm/dd/yyyy)
- Note Reference (dropdown menu)
- Claim Notes/Remarks (text area)

A legend at the top right states: '* Indicates Required Fields. Click any field name in red for help info.'

1. If another health insurance plan has paid on the claim, the Other Health Cov. tab must be completed. To add this tab to the claim, click <Other Health Cov>.
2. If the Other Health Cov. tab is not needed, click the Claim Info tab then click <Remove OHC Tab>.

Note: If the Other Health Cov. tab is opened, all fields on the tab must be completed.

The Other Health Cov. Tab

The Other Health Cov. tab contains information regarding other health coverage the Medi-Cal recipient may have, which indicates shared responsibility for paying the claim.

The screenshot shows the 'Other Health Cov.' tab selected. The 'Other Subscriber/Payer Information' section contains the following fields:

- Other Subscriber's Name (Last Name, First Name, MI)
- Other Subscriber Primary ID
- Other Payer Name
- Other Payer ID
- Responsibility (dropdown menu)
- Relationship (dropdown menu)
- Insurance Type (dropdown menu)
- Release of Information (dropdown menu)
- Other Payer Paid Amount (\$)
- Other Payer Benefits Assignment Certification Indicator (dropdown menu)

A legend at the top right states: '* Indicates Required Fields. Click any field name in red for help info.'

At the bottom, a note reads: '** If the Other Health Coverage tab is opened, all fields are required. To close the Other Health Coverage tab, go to the Claim Tab and click the Remove OHC Tab button.'

1. If the Other Health Cov. tab is not needed, click the Claim Info tab then click <Remove OHC Tab>.

Note: If the Other Health Cov. tab is opened, all fields on the tab must be completed.

The Service Details Tab

The Service Details tab contains information about the specific procedures performed. At least one service detail is required but you may enter up to six. As you add details, the *Total Charges* box at the top of the screen changes to reflect the sum of the Service Line Detail charges entered up to that point.

1. To complete the *Service Line Detail Information* section, enter information about the specific procedure performed, enter any override information and click <Add Detail> to add the service detail to the claim.
2. Each service detail will be listed in the box at the bottom of the screen.

Override Section

The *Override Section* contains data already entered on the Provider and Claim Info tabs. If a detail line contains different information (for example, a different prior authorization number), it is necessary to enter this information in the *Override Section*.

The prior authorization number entered on the Claim Info tab applies to all service details unless there is a different number entered in the *Override Section* for one of the service details. For that service detail only, the prior authorization number on the Claim Info tab will be overridden by the number entered in the *Override Section* on the Service Details tab.

Service Detail Options

- To add the service detail to the claim, click <Add Detail>.
- To delete a service detail, click the detail line in the box at the bottom of the screen, then <Remove Detail>.
- To make changes to a service detail line, click the detail line in the box at the bottom of the screen, click <Edit Detail>, make your changes, then click <Save Edit> to save your changes. This updates the service detail and returns you to the detail list in the box at the bottom of the screen.

Submitting a Claim

Submit Preview

The screenshot shows the 'Service Details' tab in the IPCS system. At the top, there are tabs for 'Provider Info', 'Recipient Info', 'Claim Info', and 'Service Details'. The 'Service Details' tab is active, and the 'Submit Preview' button is visible in the upper right corner. Below the tabs, there is a 'Total Charges' field showing '\$ 1807.57'. The main section is titled 'Service Line Detail Information (Limit 6 Details)'. It contains several input fields: 'Line Item Control #', 'Svc Begin Date' (mm/dd/yyyy), 'Svc End Date' (mm/dd/yyyy), 'Charges' (\$), 'Quantity', 'Emergency' (No), 'EPSDT/Family Planning' (Select One), 'Procedure Code', 'Modifiers', 'Note Reference' (Select One), and 'Service Detail Notes/Remarks'. Below this is an 'Override Section' with fields for 'Onset Of Current', 'Prior Authorization#', 'Illness Date', 'Place of Service', 'Rendering Provider' (Medi-Cal ID, Taxonomy Code), 'Referring Provider' (Medi-Cal ID/License #, Taxonomy Code, Provider Name), and 'Service Facility' (Medi-Cal ID, Entity Identifier). At the bottom, there is a table with columns: Detail, SVC Begin Date, Proc. Code, Service Chg, and Qty. The table contains four rows of data.

Detail	SVC Begin Date	Proc. Code	Service Chg	Qty
1	11/17/2002	Z9754	458.00	2
2	11/18/2002	Z6204	912.12	1
3	11/19/2002	99213	312.45	1
4	11/19/2002	99211	125.00	2

1. <Submit Preview> displays in the upper right-hand corner of each tab when the first service detail is added.

The screenshot shows the 'Service Details' tab in the IPCS system. An error message dialog box is displayed in the center of the screen. The dialog box has a yellow warning icon and the text: 'The following fields are required and must be completed before the claim can be submitted:'. Below this text, there are two sections: 'PROVIDER INFO TAB' with the field '* Billing Provider Medi-Cal ID' and 'RECIPIENT INFO TAB' with the fields '* Medi-Cal Subscriber's Gender' and '* Patient's Account Number'. The dialog box has an 'OK' button at the bottom.

2. Before submitting your claim, click <Submit Preview> to check for missing fields.
3. The system verifies that all required fields are complete. If required fields are incomplete, a message box displays the fields that must be completed before the claim can be submitted.

Submit Preview (continued)

Claim Detail

Submitter: CMCSUB001

===== PROVIDER INFORMATION =====

Billing Provider Medi-Cal ID: HAP99999T
Billing Taxonomy Code: 1231212312
Medicare Assignment: Assigned
Facility Provider Medi-Cal ID:
Facility Entity ID:
Rendering Medi-Cal ID:
Rendering Taxonomy Code:
Referring Provider Medi-Cal ID: ZZZ333444
Referring Taxonomy Code: 5456453123
Referring Provider Name: DR. ELIZABETH CORDAY-GREENE

===== RECIPIENT INFORMATION =====

Subscriber's Name: JOHN M DOE
Medi-Cal Subscriber's ID: 55560782405211988
Date of Birth: 07/27/1944
Gender: Male
Patient Account Number: 45613156465432423123
Pregnancy Indicator: No
Patient Amount Paid: \$
Release of Information: Appropriate Release of Information on File at He

===== CLAIM INFORMATION =====

Cancel-Edit Claim Submit

4. When all required fields are complete, click <Submit Preview> again to view the completed claim. The Claim Detail screen displays the claim information on one page so you can easily verify the data.
5. Click <Cancel-Edit Claim> to return to the claim to make changes.
6. If you click <Cancel-Edit Claim>, make any changes, then click <Submit Preview> again to review the claim.
7. Click <Submit> to submit the claim.

Host Response

Claim contains error(s) and was not submitted.

HEADER ERRORS
=====

Submitter ID 001 not valid for Provider HAP99999R.

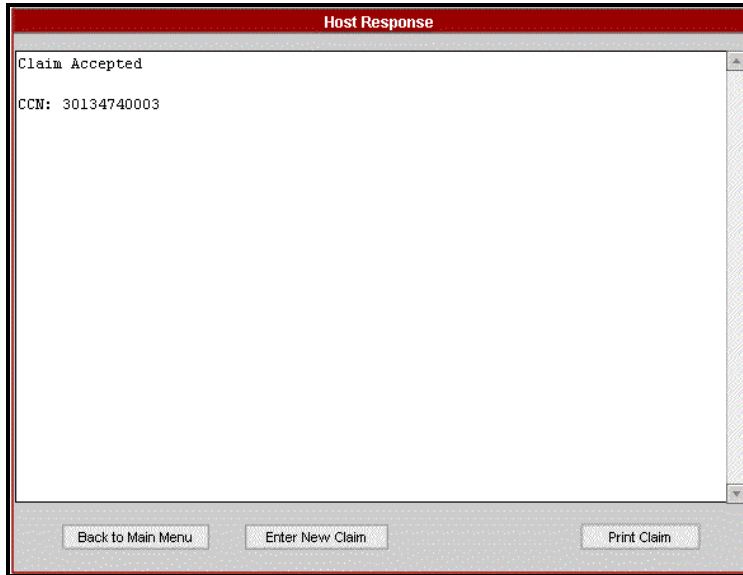
ERRORS FOR DETAIL LINE 01
=====

Procedure Code Z9759 not covered by Medi-Cal. Verify that the Procedure Code is a valid Medi-Cal Procedure Code and resubmit the claim. If you continue to receive this reject code and you feel it is an error, contact the EDS Toll-free Telephone Group.

Back to Main Menu Enter New Claim Edit Claim Print Claim

8. A response screen shows the verification results and displays any errors. If the response screen shows errors, click <Edit Claim> to make corrections.
9. Otherwise choose one of the following: <Back to Main Menu>, <Enter New Claim> or <Print Claim>.

Submit Preview (continued)

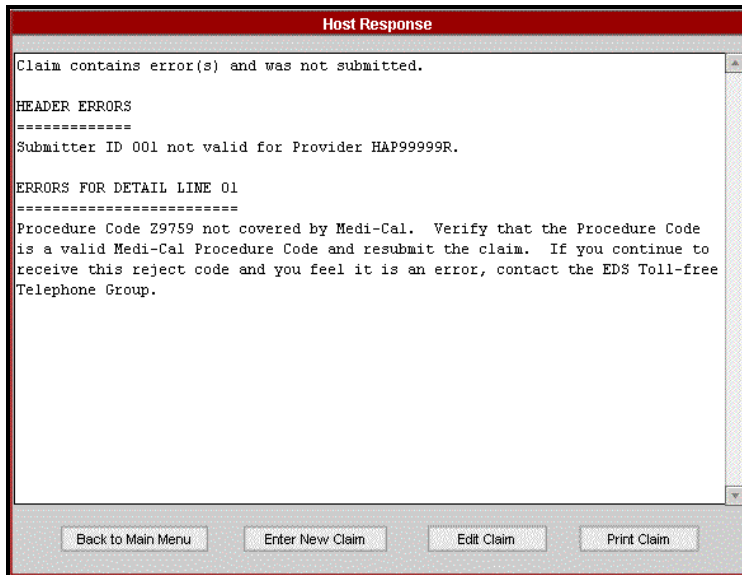


The image shows a screenshot of a web application window titled "Host Response". The window has a red header bar with the title. Below the header, the text "Claim Accepted" is displayed, followed by "CCN: 30134740003". At the bottom of the window, there are three buttons: "Back to Main Menu", "Enter New Claim", and "Print Claim".

10. If the claim data entered is accepted for processing, the response screen displays the Claim Control Number (CCN) assigned to the claim.
11. You may choose <Print Claim>, <Enter New Claim>, or <Back to Main Menu>. (The claim prints with the CCN.)

Correcting Errors

When all required fields are complete and the claim is submitted, the Medi-Cal claims processing system performs verification checks on the procedure and diagnosis codes and submitter and provider IDs.



The screenshot shows a window titled "Host Response" with a red header bar. The main text area contains the following error messages:

```
Claim contains error(s) and was not submitted.

HEADER ERRORS
=====
Submitter ID 001 not valid for Provider HAP99999R.

ERRORS FOR DETAIL LINE 01
=====
Procedure Code Z9759 not covered by Medi-Cal. Verify that the Procedure Code
is a valid Medi-Cal Procedure Code and resubmit the claim. If you continue to
receive this reject code and you feel it is an error, contact the EDS Toll-free
Telephone Group.
```

At the bottom of the window, there are four buttons: "Back to Main Menu", "Enter New Claim", "Edit Claim", and "Print Claim".

1. A response screen shows the verification results and displays any errors. If the response screen shows errors, click <Edit Claim> to make your corrections.
2. Otherwise choose <Back to Main Menu>, <Enter New Claim> or <Print Claim>.

Note:

- If you select <Back to Main Menu> or <Enter New Claim>, you can recall the provider, recipient, claim and other health care data entered by clicking <Recall Data from Last Claim> on the Provider Info tab.
- If you click <Edit Claim>, you are returned to the Claim Entry screen where you can make changes and submit the claim again.
- If you select <Print Claim>, the claim data is displayed. Click <Print Claim> to print the claim with the errors received.

If the system encounters errors that prevent successful claim submission, the Host Response screen will display the error(s) and you will be given the opportunity to try again. Should the problem persist, contact the POS/Internet help desk for assistance.

Viewing Submitted Claims

When you select View Claims Submitted Today on the Internet Professional Claim Submission (IPCS) screen, the Claim Search screen opens.

Use the Claim Search screen to list all claims submitted that day, according to the user and provider IDs used.

To view claims for a particular provider, the provider ID must be assigned to the user (submitter) ID you used to log onto the system and the claim must previously have been submitted using the same user ID and provider ID.

California Home
Monday, January 13, 2003

Welcome to **California**

Internet Professional Claim Submission (IPCS)
**Do not use your browser's back or refresh button. This will cause the claim form to reset and start from the beginning. Data entered prior to submission will be lost.

You are logged in as: CMCSUB001

View Claims Submitted Today
View a list of claims submitted today by provider number.

Enter New Claim
Complete and submit a 837 Professional Claim.

1. Click View Claims Submitted Today on the Internet Professional Claim Submission screen.

Provider ID:

CCN	Details	Recipient ID	Recipient Name	Date of Service

2. Enter the nine-digit Medi-Cal Provider ID and click <Get Claims>.

Viewing Submitted Claims (continued)

Provider ID:

hap99999t

Get Claims

More Claims

You have 32 claim(s) available to view.

Click above to view more claims.

Claims 1 thru 20 are displayed.

Click the CCN # to view claim details.

CCN	Details	Recipient ID	Recipient Name	Date of Service
1. 23644740003	1	705854512	JONES, JAMES	12/20/2002
2. 23644740004	1	705854512	JONES, JAMES	12/20/2002
3. 23644740005	1	705854512	JONES, JAMES	12/05/2002
4. 23644740006	1	705854512	ROBINSON, ESTHER	12/24/2002
5. 23644740007	1	705854512	TURNER, NORM	12/23/2002
6. 23644740008	1	705854512	THURMAN, STROM	12/23/2002
7. 23644740009	1	705854512	SHANDLING, GARY	12/21/2002
8. 23644740010	1	705854512	WESSON, DAN	12/21/2002
9. 23644740011	1	705854512	MCCREE, DAVID	12/20/2002
10. 23644740012	1	705854512	JOHNSON, MAGIC	12/20/2002
11. 23644740013	1	704584512	JOHNSON, LAURIE	12/20/2002
12. 23644740014	1	704584512	SMITHERS, LORRAINE	12/10/2002
13. 23644740015	1	704584512	BROTHERS, JOYCE	12/08/2002
14. 23644740016	1	456791254	CALLAHAN, KELLY	12/05/2002
15. 23644740017	1	456467912	DUNCAN, SANDY	12/08/2002
16. 23644740018	1	976452912	EVANS, BOB	12/05/2002
17. 23644740019	1	976452912	FRANKLIN, BEN	12/08/2002
18. 23644740020	1	976452912	GRADY, ROSIE	12/19/2002
19. 23644740021	1	976452912	HOLLY, BUDDY	11/30/2002
20. 23644740022	1	976452912	JACKSON, MICHAEL	12/24/2002

Back To Main Menu

- The system returns a list of claims submitted for the User and Provider ID on the current day, along with a count of the claims in the list.
- If more than 20 claims are available to view, the first twenty will display.
- To view the next set of twenty, click <More Claims> and the next twenty are added to the bottom of the list. When all claims are listed, <More Claims> no longer displays.

Individual Claims

To view individual claims, click the CCN line to open a Claim Detail screen where you can view the details entered for the selected claim and print the claim, if desired. To print individual claims, refer to "Printing Claims" on a subsequent page of this guide.

Provider ID:

Please try another Provider ID

CCN	Details	Recipient ID	Recipient Name	Date of Service
No data returned from the query for Submitter 001/Provider hap99999t				

- If no claims were submitted for the User and Provider ID on the current day, a message displays prompting you to enter another Provider ID.
- Click <Back To Main Menu> to return to the Internet Professional Claim Submission (IPCS) screen.

Printing Claims

Provider ID:

You have 32 claim(s) available to view. Click above to view more claims.

Claims 1 thru 20 are displayed. Click the CCN # to view claim details.

	CCN	Details	Recipient ID	Recipient Name	Date of Service
1.	23644740003	1	705854512	JONES, JAMES	12/20/2002
2.	23644740004	1	705854512	JONES, JAMES	12/20/2002
3.	23644740005	1	705854512	JONES, JAMES	12/05/2002
4.	23644740006	1	705854512	ROBINSON, ESTHER	12/24/2002
5.	23644740007	1	705854512	TURNER, NORM	12/23/2002
6.	23644740008	1	705854512	THURMAN, STROM	12/23/2002
7.	23644740009	1	705854512	SHANDLING, GARY	12/21/2002
8.	23644740010	1	705854512	WESSON, DAN	12/21/2002
9.	23644740011	1	705854512	MCCRE, DAVID	12/20/2002
10.	23644740012	1	705854512	JOHNSON, MAGIC	12/20/2002
11.	23644740013	1	704584512	JOHNSON, LAURIE	12/20/2002
12.	23644740014	1	704584512	SMITHERS, LORRAINE	12/10/2002
13.	23644740015	1	704584512	BROTHERS, JOYCE	12/08/2002
14.	23644740016	1	456791254	CALLAHAN, KELLY	12/05/2002
15.	23644740017	1	456467912	DUNCAN, SANDY	12/08/2002
16.	23644740018	1	976452912	EVANS, BOB	12/05/2002
17.	23644740019	1	976452912	FRANKLIN, BEN	12/08/2002
18.	23644740020	1	976452912	GRADY, ROSIE	12/19/2002
19.	23644740021	1	976452912	HOLLY, BUDDY	11/30/2002
20.	23644740022	1	976452912	JACKSON, MICHAEL	12/24/2002

1. Click the CCN line of the claim you want to print.

Claim Detail

CCN:30134740002 Submitter: CMCSUB001

===== PROVIDER INFORMATION =====

Billing Provider Medi-Cal ID: HAP999999T
 Billing Taxonomy Code: 1231212312
 Medicare Assignment: Assigned
 Facility Provider Medi-Cal ID:
 Facility Entity ID:
 Rendering Medi-Cal ID:
 Rendering Taxonomy Code:
 Referring Provider Medi-Cal ID: ZZZ333444
 Referring Taxonomy Code: 5456453123
 Referring Provider Name: DR. ELIZABETH CORDAY-GREENE

===== RECIPIENT INFORMATION =====

Subscriber's Name: JOHN M DOE
 Medi-Cal Subscriber's ID: 55560782405211988
 Date of Birth: 07/27/1944
 Gender: Male
 Patient Account Number: 45613156465432423123
 Pregnancy Indicator: N

2. Click <Print> on the Claim Detail screen to print the claim in a formatted document.
3. Click <Cancel> to return to the Claim List screen.
4. At this point, you can select a different claim to view by clicking another CCN line, or you can click <Back To Main Menu > to return to the Internet Professional Claim Submission (IPCS) screen.

Troubleshooting IPCS

1. *After I log in, I don't see the Internet Professional Claim Submission option in my Transaction Services menu.*
Make sure you have completed the appropriate forms and are approved to use the IPCS system. Current providers with a valid submitter ID and password must still complete the appropriate forms to have IPCS access added to their list of Internet options. Please see the section titled "IPCS Access Requirements" under "About IPCS" at the beginning of this document for further information.
2. *From my Transaction Services menu, when I click on the IPCS system link, the screen does not display properly.*
This system requires the latest version of the Macromedia Flash Player Plug-in. Make sure you have administrative rights to load software on your PC, then follow the instructions in the section titled "Installing Macromedia Flash," at the beginning of this document, for further information about loading the Macromedia Flash Player.
3. *The IPCS system runs slowly and I am getting errors that scripts are running in Flash, which may cause my PC to run out of resources.*
Even though the IPCS system is efficient, it will not perform as well on older PCs. Please see the "Minimum System Requirements" section under "About IPCS" at the beginning of this document for further information.
4. *When I use the Back button or Refresh button in Internet Explorer or Netscape, the screen resets back to the beginning.*
The IPCS system uses the latest interactive Web technology, which makes it unnecessary to refresh the Web page. The IPCS system is loaded on your computer when you go to the designated Web page. Using Refresh or Back reloads the system onto your PC and clears all your entries. Use these buttons only to reload the system and start from the beginning.
5. *I started filling out a claim and had to leave my desk. When I came back, the IPCS system was gone and the login page was on my screen. Where is all the data I typed in?*
To protect unauthorized use of the system, the system shuts down if no activity is detected for twenty minutes. If this happens, you must log in to the system again. Any claim data that you did not submit is lost. Normal claim completion activity and search requests keep the system active on your computer.
6. *I've submitted several claims, but when I go to the View Claims screen and do a search, they are not coming up.*
The View Claims search displays only claims submitted on the same day, using the submitter ID and provider ID the claims were submitted with. You can view which submitter ID you have logged on with at the top of the screen. For example, if you log in as Submitter A and submit claims for Providers 1, 2, and 3, then log back in as Submitter B and try to search for claims for Providers 1, 2, and 3, they do not display. Also, the search shows only claims submitted on the current day, not previous days.